TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission		Filing Date 11/08 First Named Inventor Jornal Art Unit 2652 Examiner Name Michael Attorney Docket Number		Approved for use through 07/31/2006. OMB 0651-0031 d Trademark Office; U.S. DEPARTMENT OF COMMERCE Linformation unless it displays a valid OMB control number. //008,196 08/2001 PIECEIVED rit Ernst De Vries 52 JUL 1 4 2004 chael V. Battaglia Technology Center 260		
ENCLOSURES Check all that apply						
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July 3, 2004

PTO/SB/17 (10-03)
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FEE	TRA	NS	MIT	TAL
1	for F	Y 2	004	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

(\$) 110.00 TOTAL AMOUNT OF PAYMENT

C	omplete if Known	1
Application Number	10/008,196	
Filing Date	11/08/2001 RECEIVE	
First Named Inventor	Jorrit Ernst De Vries	
Examiner Name	Michael V. Battaglia JUI 1 4 2004	1
Art Unit	2652	1
Attorney Docket No.	NL000645 Technology Center	7 2600

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Check Credit card Money Other None	3. ADDITIONAL FEES					
	Large Entity Small Entity					
Deposit Account:	Fee			Fee	Fee Description	
Deposit Account	Code 1051	(\$) 130	Code 2051	(\$)	Complement late filling for an early	Fee Paid
Number Deposit			2052		Surcharge - late filing fee or oath Surcharge - late provisional filing fee or	
Account	1052	50	2052	25	cover sheet	
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	<u> </u>
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1 840*	1805	1 840*	Requesting publication of SIR after	
to the above-identified deposit account.	1005	1,040	1003	1,040	Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	110-
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Pee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	1452	110	2452	55	Petition to revive - unavoidable	
		1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502		Design issue fee	
Total Claims20** = X =	1503	640	2503	320	Plant issue fee	
Independent - 3** = X = X	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	3 180	Submission of Information Disclosure Stmt	
Fee Fee Fee <u>Fee Description</u> Code (\$)	8021	40	802	ı 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 ČFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent		770	2801	385	` ' '	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
		Other fee (specify)				
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Redu	ced by	Basic I	Filing F	ee Paid SUBTOTAL (3) (\$) 110.0	00

(Complete (if applicable)) SUBMITTED BY Registration No. D. Leimbach 34,374 Telephone 585 381-9983 Name (Print/Type) (Attorney/Agent) Date July 3, 2004 Signature

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